

School Board of Brevard County, Florida
Exceptional Student Education and Student Services
Assistive Technology Referral Information
Speech/Language Pathologist

Student Name: _____ Student Number: _____
Date: _____ School: _____ Placement: _____
Speech/Language Pathologist name: _____

Describe how the student is currently communicating: circle all that apply

Manual communication boards

Photographs

Gestures

Object communications

Voice output devices

Sign language

Communication symbols

Pulls you towards object

Pushes away object

Writes down request

Eye gazes

Facial expressions

Vocalizes, but you can't understand

Points

Other _____

Briefly summarize IEP Goals regarding expressive communication:

What systems/devices have been tried with the student (if applicable)?

Additional information and/or comments:

Please return to Kathy Holloway, LATS Team, ESF